

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **Anadarko Production Company**

Address **P. O. Box 247, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change in ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Metex Supply "A"	Well No. 2	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 660 Feet From The West Line and 1940 Feet From The North Line of Section 35 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. B x 1650, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 12-8-72

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

IV. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Other
Date Spudded 12-3-72	Date Compl. Ready to Prod. 12-18-72	Total Depth 3800'		P.B.T.D. 3745'				
Elevations (DF, RKB, RT, GR, etc.) 3332' RKB	Name of Producing Formation Queen	Top Oil/Gas Pay 3579'		Tubing Depth 3550'				
Perforations 3579' - 3709'		Depth Casing Shoe 3800'						
TUBING, CASING, AND CEMENTING RECORD								
12" HOLE SIZE	8-5/8" CASING & TUBING SIZE	348' DEPTH SET		250 SKS CEMENT				
7-7/8"	5" 2-3/8"	3800' 3550'		510 SKS				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-21-72	Date of Test 12-22-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure 600#	Choke Size 3/4"
Actual Prod. During Test 63.0 bbls	Oil - Bbls. 45 bbls.	Water - Bbls. 585	Gas - MCF 20 MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Supervisor

(Title)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.

RECEIVED

25 1972

OIL CONSERVATION COMM.
HOELS. H. 12.